District of Columbia Public Schools
ANNUAL STUDENT ENROLLMENT FORM
School Year _____

SCHOOL NAME:_____

STUDENT ID # _____

STUDENT INFORMATION   (Print all information)

1. Student's Full Legal Name (Last, First, Middle)	2. Date of Birth (Month, Day, Year)	3. Country of Birth

4. Address Apt. No.	5. Telephone Number ( )	6. Sex (Circle) Male Female

7. City State Zip	8. Current Grade (Specify)	9. Social Security Number _ _ _ - _ _ - _ _ _ _

10. School Last Attended (if DCPS, name school only)

Address

City   State   Zip

11. Ethnic Designation   * Not of Hispanic origin
__American Indian or   __Black*
  Alaskan Native   __White*
__Asian or Pacific Islander   __Hispanic

12. Language other than English spoken at home_____

14. Health Insurance Information
Provider: _____   Medicaid _____
Policy #: _____

13. School Attending (if not DCPS)

Address

City   State   Zip

Medicaid HMO:_____

- [ ] Advantage
- [ ] Amerigroup
- [ ] Chartered
- [ ] Health Services Children with Special Needs

15. Special Services Child Receives
- [ ] Special Reading Help
- [ ] Bilingual or ESL Program
- [ ] Summer School
- [ ] Student Receives Special Education Services: **Y**____ **N**____
- [ ] Student Has Current IEP: **Y**____ **N**____
- [ ] Advanced Placement

PARENT INFORMATION

16. Mother, or Legal Guardian (Last, First, Middle)	17. Father, or Legal Guardian (Last, First, Middle)
Address (if other than student's) Apt. No.	Address (if other than student's) Apt. No.
City State Zip	City State Zip
Employer	Telephone Number ( )	Employer	Telephone Number ( )
Employer's Address	Employer Address

18. RESIDENCY STATUS: [ ] (D.C. Resident (Student & parent or legal guardian live in D.C.)
[ ] Nonresident (Student/or parent live outside D.C.) [ ] Receipt of payment for nonresident tuition attached

EMERGENCY

19. Emergency Contact Person: _____
  Address: _____
  Relationship: _____ Telephone Number: (   ) _____

20. **In the last three years, have you *or* your spouse participated in any form of agricultural work?   Y_____ N_____**

I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.

_____ Date _____

Signature of Parent/Legal Guardian with Whom Student Lives or Adult Student

FOR OFFICE USE ONLY

SCHOOL: _____   **DATE OF ENROLLMENT:**_____
TEACHER: _____   Free/Reduced Lunch: Y_____ N_____
Special Education Services: Y_____ N _____ Level of Standardized Assessment: _____ Student Data in SETS Y _____ N _____
Out-of-Boundary Student: Y_____ N_____ (Citywide Program) _____ Non-Attending Student: _____
Immunization Complete: Y_____ N_____   (School of attendance)